

SEND OR FAX FORM TO:

Ms. Samantha Lyons
Drug Court Coordinator
50 Maryland Avenue
Rockville, MD 20850
Fax: 240-777- 9117
Phone: 240-777-9141

**DRUG COURT REFERRAL FORM**

Date: _____

Defendant's Name: _____ Case Number: _____

Defendant's Address: _____

Is the Defendant currently incarcerated?

Yes ☐ No ☐ If yes, which facility? ☐ MCDC ☐ MCCF ☐ Other: _____

REFERRAL MADE BY (please place a check in the appropriate box **AND** also include the names and phone numbers of the other parties so that we may advise them of this referral):

<input type="checkbox"/> Judge:	_____	_____
	(Name)	(Phone)
<input type="checkbox"/> Defense Counsel:	_____	_____
	(Name)	(Phone)
<input type="checkbox"/> State's Attorney:	_____	_____
	(Name)	(Phone)
<input type="checkbox"/> Parole and Probation Or Other	_____	_____
	(Name)	(Phone)

Brief summary of why you believe that the defendant is a candidate for Drug Court:

The eligibility criteria for acceptance into Drug Court are that the Defendant must be a resident of Montgomery County, addicted to / dependent on alcohol and/or other drugs, amendable to, and mentally / physically capable of, participating in an intensive outpatient program, and must be non-violent. Considering the eligibility criteria, are you aware of any circumstances that may make the Defendant **ineligible** for Drug Court? **Yes** ☐ **No** ☐

If yes, please briefly explain: _____

May we schedule and send the Defendant for his/her eligibility assessment and treatment evaluation through the Outpatient Addiction Services (OAS) Unit at the Department of Health and Human Services? **Yes** ☐ **No** ☐

NOTE: The Drug Court Coordinator's Office will distribute this referral form to the Sentencing Judge, The Drug Court Judge, the SAO, Defense Counsel, Parole and Probation, and OAS to initiate the review process and to conduct the necessary record check and relevant assessments for the Defendant. When this case is scheduled for review by the Drug Court Team, the Drug Court Coordinator will return this form to you with the date, time and location of that staffing.

Please check here if you would like to attend that session: **Yes** ☐ **No** ☐

Date: _____ Time: _____ Location: _____